



Summer Food Service Program

CNP Web Tutorial

Teaching and Learning Support
Child Nutrition Programs
801 West 10th Street, Suite 200
P.O. Box 110500
Juneau, Alaska 99811-0500
(907) 465-4788
(907) 465-8910

Please note our database is frequently modified by our contractor so the screen prints that you see in this tutorial may not match exactly what you see on your screen. If you have questions you may contact CNP for guidance.

Bookmark the following URL address for EED Child Nutrition Programs webpage:

<https://cnsonline.alaska.gov/cnpweb/>

Use this to access the CNP Web Login



Child Nutrition Programs

Division of Teaching and Learning Support

cnp web
Please Enter
User ID:
ammaryott
Password:

Login

Type in your User ID and Password. CNP will provide you with these via email once you have filled out the CNP Web User Authorization Request.

ONLY New Sponsors or Returning Sponsors who have forgot their username and password need to complete a CNP Web User Authorization Request.

Returning Sponsors/users will use the same username and password from the previous year.



Child Nutrition Programs

Division of Teaching and Learning Support



Click on a puzzle piece above for the Child Nutrition Program you wish to access!

[Exit Web Site](#)

Click on the BLUE puzzle piece to enter the SFSP Database

After reading this message, click on the "Continue" button at the bottom of the page.

Welcome to the Summer Food Service Program (SFSP)

Click [here](#) to be directed to the SFSP Website
View the most current SFSP Bulletin:

[2016-08](#)

USDA SFSP Policy Memos:

Date Issued:

SFSP 10-2016 Disclosure Requirements for the Child Nutrition Programs	12/7/2015
SFSP 09-2016 Guidance on Competitive Procurement Standards for Program Operators	11/13/2015
SFSP 08-2016 Summer Food Service Program Questions and Answers	11/12/2015
SFSP 07-2016 Local Foods and Related Activities in Summer Meal Programs, with Questions and Answers	11/12/2015
SFSP 06-2016 Promoting Nutrition in Summer Meal Programs, with Best Practices	11/12/2015
SFSP 05-2016 Meal Service Requirements in the Summer Meal Programs, with Questions and Answers	11/12/2015
SFSP 04-2016 Local Agency Procurement Reviews SY2015-2016	11/9/2015
SFSP 03-2016 Procurement Standards and Resource Management Requirements related to Franchise Agreements	11/6/2015
SFSP 02-2016 Questions and Answers on the Transition to and Implementation of 2 CFR Part 200	10/30/2015
SFSP 01-2016 Procuring Local Meat, Poultry, Game, and Eggs for Child Nutrition Programs	10/22/2015

If you have any questions or need assistance please contact:

Please read the Welcome Page each time you access the database as it will contain important program updates.

Scroll down to the bottom and click on continue to enter the database.

Department of Education
Early Development

SFSP
Summer Food Service Program

CPweb
Programs Logoff

Accounting Maintenance Reports Resources

Program Year: 2016

Program Year Selection

Program Year	Program Begin Date	Program End Date
2003	October 1, 2002	September 30, 2003
2004	October 1, 2003	September 30, 2004
2005	October 1, 2004	September 30, 2005
2006	October 1, 2005	September 30, 2006
2007	October 1, 2006	September 30, 2007
2008	October 1, 2007	September 30, 2008
2009	October 1, 2008	September 30, 2009
2010	October 1, 2009	September 30, 2010
2011	October 1, 2010	September 30, 2011
2012	October 1, 2011	September 30, 2012
2013	October 1, 2012	September 30, 2013
2014	October 1, 2013	September 30, 2014
2015	October 1, 2014	September 30, 2015
2016	October 1, 2015	September 30, 2016

Select the program year you wish to add/update. *Note* you can view prior year's program information and claims but DO NOT edit any prior year information.

Alaska Department of Education
Division of Early Development

SFSP
Summer Food Service Program

CPweb
Programs Logoff

Applications Advances Accounting Maintenance Reports Resources

> Application Menu > Sponsor Summary

Program Year: 2009 Sponsor: 000-SFSP New Sponsor

Bottom of Form

Sponsor Summary

SFSP New Sponsor (000)

Packet	Applications	Claims	Payments	Users
Item	Req	On-Line Forms Description	Count/Date	Status
1	★	Sponsor Information Sheet		Incomplete
2	★	Sponsor Budget Form		Incomplete
3	★	Site Information Sheet	0 of 1	Incomplete

Top of Form

This is the next screen you will see. Notice the tabs packet, applications, claims, payments and users. Click on the one you want and it will darken as the other stay light.

Alaska Department of Education
Division of Early Development

SFSP Summer Food Service Program

Programs Logoff

Applications Advances Accounting Maintenance Reports Resources

> Application Menu > Sponsor Summary

Program Year: 2009 Sponsor: 000-SFSP New Sponsor

↓ Bottom of Form

Sponsor Summary SFSP New Sponsor (000)

Packet	Applications	Claims	Payments	Users
Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet	No Information Sheet			Add
Sponsor Budget	No Budget Sheet			
Site Info Sheet				
000 New Sponsor Site	No Information Sheet			

↑ Top of Form

Click on the applications tab to add/update your sponsor info, sponsor budget, and site info sheets. The sponsor sheet and sites from prior year will come forward into new year. You will need to click the "Add" toggle to update your sponsor information sheet.

Sponsor Summary > Sponsor Info (SFSP New Sponsor)

Program Year: 2009

D-U-N-S® Number: has not been entered

↓ Bottom of Form

If available, please enter Sponsor's D-U-N-S® # Update D-U-N-S® Nbr

Site Enrollment Statistics

Total Sites: 1
Breakfast ADP: 55 AM Snack ADP: 0 Lunch ADP: 106 PM Snack ADP: 0 Supper ADP: 0

Mailing Address

(1) Addr1: 123 Green Street (6) Addr1: 123 Green Street
(2) Addr2: (7) Addr2:
(3) City: Juneau (8) City: Juneau
(4) State: AK (5) Zip Code: 99801 (9) State: AK (10) Zip Code: 99801

☐ Check here to copy Mailing Address to Street Address

Authorized Representative

(24) Name: First MI Last (32) Name: First MI Last
(25) Title: Director (33) Title: Assistant Director
(26) E-mail: susieq@yahoo.com (34) E-mail: rubytuesday@yahoo.com
(27) Phone: (907) 867-5309 (28) Ext: (35) Phone: (907) 867-5309 (36) Ext:
(29) Fax: (907) 867-5308 (30) Ext: (37) Fax: (907) 867-5308 (38) Ext:
(31) Contact's Address: Mailing Address (39) Contact's Address: Mailing Address

Review your addresses and contact information, update as necessary. If any information on your sponsor or site applications changes during the course of the program, please update the CNP Web immediately.

Please note the DUNS number requirement at the top of the page. All SFSP Sponsors receiving federal funds through the program MUST register with Dunn & Bradstreet to receive a 9-digit DUNS number. Applications will be incomplete until this process is complete.

Management Plan

Who is responsible for scheduling and supervising monitors; reviewing site reports for deficiencies; restricting or terminating food service, if necessary; and implementing corrective action?

(40) Name: First MI Last

(41) E-Mail: (42) Phone: (907) 867-5309 (43) Ext:

Who is responsible for coordinating with officials to whom a site supervisor reports if applicable?

(44) Name: First MI Last

(45) E-Mail: (46) Phone: (907) 555-6666 (47) Ext:

Who is authorized to approve purchases or rentals?

(48) Name: First MI Last

(49) E-Mail: (50) Phone: (907) 867-5309 (51) Ext:

(52) Specify dollar limitations as applicable:

Who is authorized to approve the number of hours (regular and overtime) for each employee?

(53) Name: First MI Last

(54) E-Mail: (55) Phone: (907) 867-5309 (56) Ext:

Who is responsible for receiving participation and cost data for preparing claims for reimbursement?

(57) Name: First MI Last

(58) E-Mail: (59) Phone: (907) 867-5309 (60) Ext:

Who is responsible for completing and submitting the claim for reimbursement?

(61) Name: First MI Last

Management Plan: please answer questions 40-64 as they pertain to your organization. The Management Plan questions outline the administrative staff that are responsible for certain program operations.

Training Sessions

Who is responsible for conducting training sessions for applicant organization personnel?

(65) Name: First MI Last

(66) E-Mail: (67) Phone: (907) 867-5309 (68) Ext:

Who is responsible for conducting training sessions for site personnel?

(69) Name: First MI Last

(70) E-Mail: (71) Phone: (907) 867-5309 (72) Ext:

Dates of anticipated training sessions

(A) Session 1

(B) Session 2

(C) Session 3

(73) Administrative Personnel:

(74) Site Personnel:

Enter the Training information for your organization.

*All Administrative and Site staff must be trained prior to the start of program operations. If new administrative or site staff are hired after the initial training sessions have been conducted, an additional training will be need to be provided for them.

<p>General Information</p> <p>(75) Application Type: Private Non-Profit Organization Sponsor Type: Private - Non-Profit</p> <p>(76) <input type="radio"/> Yes <input checked="" type="radio"/> No Does the applicant organization provide any ongoing, year-round service to the community? i.e., public education, recreation, family counseling, etc.</p> <p>(77) If Yes, please describe the nature of the service:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>(78) <input checked="" type="radio"/> Yes <input type="radio"/> No Does the organization currently or has it previously participated in any USDA programs administered by the Alaska Department of Education?</p> <p>(79) If Yes, check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> National School Lunch Program <input checked="" type="checkbox"/> Summer Food Service Program <input type="checkbox"/> Special Milk Program </div> <div> <input type="checkbox"/> Child and Adult Care Food Program <input type="checkbox"/> School Breakfast Program </div> </div> <p>(80) <input type="radio"/> Yes <input checked="" type="radio"/> No Has the applicant organization ever been terminated or determined to have been seriously deficient in its operation of the Summer Food Service Program or any other Child Nutrition Program? (If Yes, please mail a letter explaining the circumstances to EED)</p> <p>(81) <input checked="" type="radio"/> Yes <input type="radio"/> No I certify, by submission of this Sponsor Information Sheet, that neither the Sponsor nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. If I am unable to certify to any of the statements in this certification, I will submit an explanation to Child Nutrition Programs.</p>	<p>Complete the General Information section, questions 75-87.</p> <p>All questions MUST be answered in order for an application to be approved.</p>																						
<p>Vendor/Food Service Management Company and Contract Information</p> <p>If Sponsor contracts with a Vendor or Food Service Management Company (FSMC) for meals served at ANY of the Sponsor's sites, please complete information for each Vendor/FSMC the Sponsor contracts with.</p> <p>(88-1) Vendor/Food Service Management Company 1:</p> <p>Type School/School District Vendor</p> <table border="1"> <thead> <tr> <th>Name (A)</th> <th>Address (B)</th> <th>City (C)</th> <th>State (D)</th> <th>Zip (E)</th> </tr> </thead> <tbody> <tr> <td>Juneau School District</td> <td>123 Sunflower</td> <td>Juneau</td> <td>AK</td> <td>99801</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Contact Name (F)</th> <th>Phone (G)</th> <th>Phone Extension (H)</th> </tr> </thead> <tbody> <tr> <td>Harry Potter</td> <td>(907) 565-4444</td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Contract Begin Date (I)</th> <th>Contract End Date (J)</th> <th>Contract Amount (K)</th> </tr> </thead> <tbody> <tr> <td>5/20/2016</td> <td>8/31/2016</td> <td>55000</td> </tr> </tbody> </table> <p>Add Lines Click here to enter information for each additional Vendor/FSMC the Sponsor contracts with</p>	Name (A)	Address (B)	City (C)	State (D)	Zip (E)	Juneau School District	123 Sunflower	Juneau	AK	99801	Contact Name (F)	Phone (G)	Phone Extension (H)	Harry Potter	(907) 565-4444		Contract Begin Date (I)	Contract End Date (J)	Contract Amount (K)	5/20/2016	8/31/2016	55000	<p>Complete the Vendor/FSMC information section IF it applies to your food service.</p> <p>Sponsors that do not use a Vendor or FSMC to supply their meals do not need to complete this section.</p>
Name (A)	Address (B)	City (C)	State (D)	Zip (E)																			
Juneau School District	123 Sunflower	Juneau	AK	99801																			
Contact Name (F)	Phone (G)	Phone Extension (H)																					
Harry Potter	(907) 565-4444																						
Contract Begin Date (I)	Contract End Date (J)	Contract Amount (K)																					
5/20/2016	8/31/2016	55000																					
<p>Advances</p> <p>(89) <input checked="" type="radio"/> Yes <input type="radio"/> No Does the applicant organization elect to receive advance payments?</p> <p>If Yes, which month(s) is/are advance payment(s) requested? The organization must operate the SFSP 10 or more days in the month(s) selected:</p> <table border="1"> <thead> <tr> <th></th> <th>Month</th> <th>Operating Advance</th> <th>Administrative Advance</th> </tr> </thead> <tbody> <tr> <td>(90) June</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(91) July</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(92) August</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Month	Operating Advance	Administrative Advance	(90) June	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(91) July	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(92) August	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Complete the Advances section IF your program needs an advance for any of the months it will be operational.</p> <p>All Advance requests are due no later than April 15th, with a complete application.</p>						
	Month	Operating Advance	Administrative Advance																				
(90) June	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																				
(91) July	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																				
(92) August	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<p>A-133 Audit Compliance</p> <p>Organizations in which the total amount of annual expended Federal assistance from Child Nutrition Programs and all other federal sources exceed \$750,000.00 must have an annual organization audit conducted by the State of Alaska, Department of Administration, Single Audit Coordinator, and the Federal Audit Clearinghouse no later than nine months after the end of the fiscal year of the organization.</p> <p>This organization assures the Alaska Department of Education & Early Development that its level of total annual expended Federal assistance from Child Nutrition Programs and all federal sources during FY2015:</p> <p>(93) Check one:</p> <div style="display: flex;"> <div style="margin-right: 20px;"><input type="radio"/> did exceed \$750,000.00 annually</div> <div><input checked="" type="radio"/> did not exceed \$750,000.00 annually</div> </div> <p>If federal expenditures exceeded \$750,000.00 threshold:</p> <p>This organization assures the Alaska Department of Education & Early Development that it has fulfilled its FY2015 single audit requirement and the organization wide audit has been submitted to State of Alaska Department of Administration, Single Audit Coordinator, and to the Federal Audit Clearinghouse. It is not necessary to submit a copy of the audit to CNP.</p> <p>(94) Name of auditing firm: State of Alaska</p> <p>(95) Date submitted: 9/16/2015</p> <p>(96) If the organization's FY2015 audit has not been conducted and/or submitted to DOA and/or the Clearinghouse, please explain:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>Only programs receiving \$750,000 total in federal funding for all programs operated during the year need to complete this section.</p>																						

Certification

The certification statement should only be checked after the form entry is complete and is ready to be submitted to the state for review. If the data is incomplete or the form has errors the certification check will not be saved. Editing the form after it has been certified will require the certification statement to be rechecked.

- (99) ☒ The person submitting this application is authorized to submit the application on behalf of the Sponsor. By submitting this application to the State Agency for approval, the Sponsor certifies that all information provided herein is true and accurate, that the Sponsor will directly operate the Program and accept final administrative and financial responsibility for all sites under its jurisdiction. In the operation of the Program, the Sponsor and all sites under its jurisdiction will comply with all provisions of 7CFR 225, 7CFR 15, 7CFR 15a, 7CFR 15b, 7CFR 250, 7CFR 3015-3019, 7CFR 3052 and meal patterns in 7CFR 226 for children less than 6 years of age when approved by the Alaska Department of Education & Early Development Child Nutrition Programs. The Sponsor acknowledges that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject the Sponsor to prosecution under applicable State and Federal criminal statutes.

(106) Approval Date: Approve via Packet

Created By: ccoil Date Created: 3/15/2016 Modified By: ammaryott Date Modified: 4/7/2016

↑ Top of Form

Submit

Cancel

Certify and Submit your Sponsor

Application. Only information that has been submitted can be saved.

↓ Bottom of Form

Sponsor Summary**SFSP New Sponsor (000)**

Packet	Applications	Claims	Payments	Users
Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet		No Information Sheet		Add
Sponsor Budget		No Budget Sheet		
Site Info Sheet				
000 New Sponsor Site		No Information Sheet		

↑ Top of Form

Once you have added the Sponsor Info Sheet it will allow you to add the Sponsor Budget and Site Info Sheet(s). The Sponsor Budget sheet is waived for School Sponsors only, all other sponsors need to complete a sponsor budget.

SFSP

Alaska Dept of Education & Early Development

Site Information Sheet**New Sponsor Site (000)**

SFSP New Sponsor (000)
2015-2016 Program Year
Pending Submission
Revision 0

↓ Bottom of Form

Mailing Address**Street Address**

(1) Addr1: 333 Sandy Beach Lane (6) Addr1: 333 Sandy Beach Lane
(2) Addr2: (7) Addr2:
(3) City: Juneau (8) City: Juneau
(4) State: AK (5) Zip Code: 99801 (9) State: AK (10) Zip Code: 99801

☐ Check here to copy Mailing Address to Street Address

Site Supervisor**Site Monitor**

(18) Name: First MI Last (26) Name: First MI Last
(19) Title: Director (27) Title: Food Service Director
(20) E-mail: huckfinn@yahoo.com (28) E-mail: pennylane@yahoo.com
(21) Phone: (907) 777-6666 (22) Ext: (29) Phone: (907) 444-5656 (30) Ext:

Review all information in the body of the Site Information Sheet and change as necessary. If changes happen after the initial data entry please make these changes as soon as possible.

Site Type

(34) Is this site in a ☒ Rural or ☐ Urban environment

(35) Site Type: (Please select one of the following)

- ☒ Open Site Using School Data ☐ Enrolled Site Using School Data

If Using School Data, enter School used for attendance, percent F/R eligibility and School Year:

(36) School Name:

(37) Percent of Free / Reduced priced Eligible Students: (38) School Year:

- ☐ Open Site Using Census Tract Data ☐ Enrolled Site Using Census Tract Data
(Mail in documentation to EED) (Mail in documentation to EED)

- ☐ Migrant Site Using Migrant Organization Information (Mail in documentation to EED)

- ☐ American Indian or Alaska Native Site

- ☐ Enrolled Site - Income Applications are Collected

If Enrolled Site with Income Applications, enter the Projected number of participants below:

(39) Enrolled: (40) Eligible for F/R Price Meals:

- ☐ Residential Camp

- ☐ Day Camp - Income Applications are Collected

If Residential Camp or Day Camp, enter Total number of participants below:

(41) Enrolled: (42) Eligible for F/R Price Meals:

- ☐ National Youth Sports Program that meets income eligibility guidelines of the Department of Health and Human Services (DHHS)

Complete all information as it pertains to the type of site(s) you're operating.

The Site Information sheet outlines what type of site it is, how it meets the eligibility criteria, what hours it operates, where it operates, and activities it may provide.

Meal Service

	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Meal Preparation	Offer vs Serve (Schools Only)	Shift	Begin Time	End Time	ADP (Anticipated Daily Participation)	Est. # Eligibles (Camps Only)	CAP
(50) Breakfast	<input checked="" type="checkbox"/> S <input type="checkbox"/> SD <input type="checkbox"/> V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text" value="09:00 AM"/>	<input type="text" value="09:30 AM"/>	<input type="text" value="35"/>	<input type="text"/>	<input type="text"/>
----Select Vendor or FSMC if vended meal----							
(51) AM Snack	<input type="checkbox"/> S <input type="checkbox"/> SD <input type="checkbox"/> V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----Select Vendor or FSMC if vended meal----							
(52) Lunch	<input type="checkbox"/> S <input type="checkbox"/> SD <input type="checkbox"/> V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----Select Vendor or FSMC if vended meal----							
(53) PM Snack	<input type="checkbox"/> S <input type="checkbox"/> SD <input type="checkbox"/> V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----Select Vendor or FSMC if vended meal----							
(54) Supper	<input checked="" type="checkbox"/> S <input type="checkbox"/> SD <input type="checkbox"/> V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text" value="04:30 PM"/>	<input type="text" value="05:30 PM"/>	<input type="text" value="75"/>	<input type="text"/>	<input type="text"/>
----Select Vendor or FSMC if vended meal----							

(55) Provide explanation for shift meals below:

Complete the Training and Monitoring information, date of DEC/MOA Notification Letter, Racial/Ethnic Data, certify and submit the application.

Site Applications MUST be certified in order for an application to be complete.

All Site Applications must be in "Pending Approval Status" in order for the complete Application Packet (Sponsor Application, Site Application and Budget) to be approved.

If the application is incomplete you will get an "error" notice. You can edit any applications in error status. If you cannot solve the error, please contact CNP staff.

Training and Monitoring

(66) Date of Pre-operational visit: 5/4/2016
(67) Date Supervisor training scheduled: 4/20/2016
(68) Date Site Manager training scheduled: 4/22/2016
(69) Date 1st week monitoring visit scheduled: 5/25/2016
(70) Date 4th week monitoring visit scheduled: 6/24/2016

(71) Site Manager Name: Huckleberry Finn
(72) Site Monitor Name: Penny Lane

(73) Date of Letter to DEC/Municipality of Anchorage to advise of meal service operations: 4/18/2016

Racial / Ethnic Data

For geographic areas served, provide an estimated percentage of the racial / ethnic makeup of the population:

Ethnicity:

(74) 10 Hispanic/Latino
(75) 90 Non-Hispanic/Non-Latino

Race:

(76) 30 American Indian/Alaska Native
(77) 12 Asian
(78) 20 African American (Black)
(79) 9 Native Hawaiian or Other Pacific Islander
(80) 10 White
(81) 5 Other/Mixed

(82) Date when Ethnic and Racial Data form to be completed: 4/10/2016

Certification

The certification statement should only be checked after the form entry is complete and is ready to be submitted to the state for review. If the data is incomplete or the form has errors the certification check will not be saved. Editing the form after it has been certified will require the certification statement to be rechecked.

- (83) ☒ The person submitting this information sheet is authorized to submit the information on behalf of the Sponsor. By submitting this information to the State Agency for approval, the Sponsor certifies that all information provided herein is true and accurate, that the site has been visited to ensure it has the capability and the facilities to provide the meal service planned for the number of children anticipated to be served. The Sponsor acknowledges that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject the Sponsor to prosecution under applicable State and Federal criminal statutes.

Internal Use Only

(85) ☐ Meal Time Waiver Approved
(86) Approval Date: Approve via Enrollment Packet

Created By: ccoil Date Created: 3/15/2016 Modified By: ccoil Date Modified: 3/15/2016

↑ Top of Form

Submit Cancel

Program Budget**Estimated Operating Costs**

(1) Labor	6,000.00
(2) Food Cost	15,000.00
(3) Non-Food Supplies	
(4) Utilities	
Rental (Kitchen, Equipment, Truck, (5) etc.) (Mail a copy of contract to EED)	
(6) Other:	
(7) Total Operation Costs:	21,000.00

Estimated Administrative Costs

(8) Total Administrative Salaries	3,000.00
(9) Rent for Office Space (Mail a copy of contract to EED)	1,500.00
(10) Utilities	300.00
(11) Telephone	
(12) Office Supplies	
(13) Audit Fees	
(14) Transportation	
(15) Postage	
(16) Other:	
(17) Total Administrative Costs:	4,800.00
(18) Total FY Estimated Reimbursement:	65,832.87

Certification Statement

The certification statement should only be checked after the form entry is complete and is ready to be submitted to the state for review. If the data is incomplete or the form has errors the certification check will not be saved. Editing the form after it has been certified will require the certification statement to be rechecked.

(19) ☒ The Sponsor certifies the information herein is true and accurate.

Complete the Sponsor Budget. The Sponsor Budget must capture all estimated administrative and operating expenses. Click the submit button when your budget is complete.

Program payments are not based on the budget, it just shows the State agency how you plan to spend your reimbursement. If you spend all your reimbursement on food and labor, those are the only things that you may need to include in your budget.

Please refer to the Budget outline and description for more detailed budget information.

↓ Bottom of Form

Sponsor Summary**SFSP New Sponsor (000)**




Packet	Applications	Activity	Claims	Payments	Users
Form Name	Revision	Status	Date Approved	Action	
Sponsor Info Sheet	0	Pending Submission		View Edit Delete	
Sponsor Budget	0	Pending Submission		View Edit Delete	
Site Info Sheet					
000 New Sponsor Site	0	Pending Submission		View Edit Delete	

↑ Top of Form

Once you clicked on submit at the bottom of each page for the Sponsor Info Sheet, Budget, and Site Info Sheet(s) you will notice the status of Pending Submission on the Applications tab.

↓ Bottom of Form

Sponsor Summary**SFSP New Sponsor (000)**

Packet	Applications	Activity	Claims	Payments	Users
Item	Req	On-Line Forms Description	Count/Date	Status	
1	★	Sponsor Information Sheet		Pending Submission	
2	★	Sponsor Budget Form		Pending Submission	
3	★	Site Information Sheet	1 of 1	Pending Submission	
Item	Req	Off-Line Forms Description	Date Sent	Date Received	Date Complete
4		2016 SFSP Income Eligibility Packet			
5		CNPweb User Authorization Request and Signatory Authority (New Users Only)			
6		Public Release & Policy on Free Meals for Camps & Enrolled Sites			

Go to the Packet Tab to see the status of the rest of your required paper documents and online application.

The applications will be in “Pending Submission” status until you’ve submitted the required downloadable documents with a red asterisk next to them and have entered the submission dates next to each required document. You will update this information by clicking on “Click here to Update Dates on Off-Line Forms.”

Once you’ve submitted all required off-line forms with dates of submission, you will be able to submit the entire packet for pending approval by checking the box at the bottom of the screen that says “Click here and click on the “Submit” button below to submit forms to the State for Approval.”

Program Year:

9	Sponsor-Site Agreement for Unaffiliated Sites			
10	School Acknowledgement			
11	Pre-Operational Visit Form			
12	First Week Visit Form			
13	Fourth Week Review Form			
14	Racial and Ethnic Data Form			
15	Cycle Menu Template			
16	Permanent Agreement			
17	* SFA-SFSP Agreement Furnish SFSP Meals		4/14/2016	
18	* Waiver for Uninitialized Meals		4/14/2016	
19	SFSP Annual Vended Meal Agreement/Food Service Management Contract			
20	Application Packet Checklist for Returning Sponsors			
21	Application Packet Checklist for New Sponsors			
22	Field Trip Notification Form			
23	Training Agenda & Sign-in			
24	* Site Eligibility Documentation		4/14/2016	
25	Site Application for New Sites			

Click [here](#) to Update Dates on Off-Line Forms

☐ Check here and click on the "Submit" button below to submit forms to the State for Approval.
(Once the forms have been submitted to the State Agency, no additional changes can be made prior to Approval.)

[Submit](#)

↑ Top of Form

The State can only approve applications when they're in "Pending Approval" status.

↓ Bottom of Form

Sponsor Summary SFSP New Sponsor (000)

Packet	Applications	Activity	Claims	Payments	Users
Item	Req	On-Line Forms Description	Count/Date	Status	
1	*	Sponsor Information Sheet		Pending Approval	
2	*	Sponsor Budget Form		Pending Approval	
3	*	Site Information Sheet	1 of 1	Pending Approval	
4		Forms Submitted to State for Approval	4/19/2016	Pending Approval	
Item	Req	Off-Line Forms Description	Date Sent	Date Received	Date Complete
5		2016 SFSP Income Eligibility Packet			
6		CNPweb User Authorization Request and Signatory Authority (New Users Only)			
7		Public Release & Policy on Free Meals for Camps & Enrolled Sites			
8	*	Public Release & Policy on Free Meals for Open & Alaska Native Sites		4/14/2016	

Once you have completed the previous step you will see that the status changed from Pending Submission to Pending Approval.

You are not finished with the application process until you send in the required paper documents/off-line forms.

Once the State has approved the online portion of the application process you will see the status on the Packet Tab reads "approved".

If you have any problems or questions during the online application process, please contact Summer Food Service Program Staff:

Cyde Coil
SFSP Education Program Assistant
(907) 465-4696
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-OR-

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